

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030560

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1				51					
2	1	1				52					
3	1	1				53					
4	3	1				54					
5	(3)	1				55					
6		1				56					
7		1				57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
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17						67					
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38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.		1				TOTAL IND.					
TOTAL DEP.		6				TOTAL DEP.					
TOTAL CLAIMS		7				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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